UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States of America, et al.,

Defendants.

NO.

DECLARATION OF MACKENZIE DUNHAM, LICSW, LCSW

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

I, Mackenzie Dunham, declare as follows:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I have live and work in the State of Washington.

3. I am a Licensed Independent Clinical Social Worker (LICSW) licensed by the Washington State Department of Health. I hold a Bachelor's degree in psychology from Washington State University, a Master of Social Work from Eastern Washington University. I have a specialty certificate in Advanced Mental Health for Transgender Communities from Widener University.

4. I started my career as a social worker and switched to private practice therapy when I realized the need for counseling specialized in transgender people. In 2019, I founded a private therapy practice called Wild Heart Society, based in Vancouver, Washington. I am also a therapist in this practice. There are currently 26 therapists working with me. One of my main roles is to mentor newer therapists who want to specialize in transgender care.

5. My practice currently has 653 patients. The majority of our patients are transgender youth, parents, or family of a child who is transgender. Well over half of our clients are currently under 19 years old. Our youngest patient is 3-years-old and we also treat adult trans patients.

6. Our clinical approach depends on the patient's age and who they are. For very young patients care is usually exploratory. We guide the children to explore their feelings and identity. We also help their parents understand their own relationship with gender, the role gender plays in society, gender as a social construct, and the barriers they are experiencing in allowing their child to explore their gender. We also support them in advocating for their kids at school and other social environments. Once they get older, closer to puberty, the families and/or children want to have conversations about puberty blockers and hormone replacement therapy. At this point we will explain what puberty blockers are. Puberty blockers are a way pause puberty

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to allow the child more time for exploration. The kids can continue to explore their gender identity without having to go through puberty changes that may not align with their gender identity. In the case that children are already well into puberty, and a blocker is not an option, we support families in exploring what the next step may be in transition, what the child wants and needs, and what their family needs and is ready for.

7. The therapy treatment of transgender children always involves their parents. My practice encourages parent participation as a determinant factor in a child's transition and their mental health improvement. In most cases, parents approach our practice proactively. In others, we encourage children to make their parents part of their transition and treatment. The pace of a child's transition depends on where the whole family is at, and our goal is to make sure children and parents on the same page. Family support is very important to the children's mental health. It is the number one protective factor transgender children have against suicide.

8. Not all of our children decide to receive medical intervention. There is no right way or wrong way to be trans and some children and their families do not seek medical gender-affirming care. For all children who wish to receive hormone therapy and are approaching puberty we recommend they complete a hormone readiness assessment. This assessment evaluates whether the child is mentally and emotionally ready for hormonal treatment and our therapists are trained to look at the big picture to understand all aspects of the child's life. If the child is ready we connect them with specialty care endocrinology medical providers. But just as important as any medical tests, we evaluate the parents' readiness to support their children through the transition. When a child transitions everyone in their life transitions.

9. Transgender adolescents, unlike their cisgender teen peers, generally want their parents' involvement in their lives and their treatment. Very few teenagers come to our practice asking to go through treatment without their parents. In the nine years that I have practiced

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therapy with the trans community, I have only signed one letter in support of a child whose parents would not agree to gender-affirming care.

10. Our therapists take a neutral approach towards a minor's desire to transition. We support their exploration process and provide them information and education opportunities. The parents' decision is the determining factor in the minor's care. If a child says that they are ready to go through medical changes but the parent is not ready, the therapist focuses on supporting the child while they wait and the parent does their own therapeutic work—making sure everyone agrees with the care the child will receive.

11. All of the parents I have worked with love their children fiercely and want what is best for them. But most parents still have a hard time when they learn their children are trans. Often parents need more support than the kids in this process. These parents come to us to learn and understand how to parent a transgender kid. We help parents discover the best way to show up for their kids. We work very hard to make sure parents are involved.

12. In most cases, parents' fears improve once they see the positive changes in their children's lives after they receive gender-affirming care. For example, kids that until now have been quiet or were having challenging behavior, would now be more open and engaged or calmer and more content. They start developing socially in a positive way once they feel less confused and isolated.

13. Almost every transgender minor that comes to our practice, even the youngest ones, have expressed some level of suicidal ideation. These include comments such as not wanting to live in their body or saying they don't want to wake up one day. The kids express feeling hopeless about their future, not being able to be who they want to be and know they are, and feel isolated, alone, and terrified. We see a lot of self-harm with these children including children who are cutting themselves, burning themselves, and in one extreme case a child who attempted to cut off their own breasts. We also see a lot of children who have eating disorders

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comorbidity along with gender dysphoria. Eating disorders are common because it is one of the few ways these children can feel in control of their body. We spend a lot of time talking to children and their families about what they need to be a healthy person, and do a lot of harm reduction and safety planning.

14. The positive changes we see once children access gender-affirming care are astonishing. Parents will see their child who was suicidal turn into a total different human. They will go from being isolated to becoming active participants of their own lives—they become lit up. Challenging behavior often goes away, they start to talk more, their social skills improve and become more engaged. Minors that get to medically transition have the biggest positive changes. They have new friendships, new interests, and new hobbies. I have seen kids go from telling me that they want to die and that they have a plan to kill themselves to participating in their lives in a way they never knew they could.

15. Often, prior to getting chest surgery, transgender boys will wear chest binders 18 hours a day, which damages their cartilage and doesn't allow them to breathe properly. They don't eat well and cannot exercise. After chest surgery and removing their chest binders, they can breathe properly and for the first time since their puberty, they can engage in sports, go swimming or hang out in the sun with their friends. One of my patients after chest surgery started playing wind musical instruments once he could finally breathe properly. Another patient I had used to hide under a giant hoody and would hunch over to disguise their chest. After chest surgery they became a totally different kid. He discovered how much he liked rock climbing and even started running track. Their confidence took off.

16. The improvement in their lives comes not only from their physical changes, but from the mental free space they have now they don't have to think every moment of their day about how their body looks and how it does not align with their identity. They are able to learn better at school and proactively engage and prepare for their future careers and lives.

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17. One of parents' main concerns during their treatment is the fear that their kids will regret transitioning in the future and blame them for not stopping them of going through permanent physical changes. The worry over fear of regret is something I talk a lot about with families. The reality is that the percentage of detransition is very low. The literature and research show that the regret is significantly lower than it is for people who receive breast augmentation surgery for non-gender-affirming care and significantly lower for surgeries such as hip replacement. What the research shows is that the decision to detransition is most often due to is based on external societal pressure and the negativity they encounter within their community not because their inner alignment changed. The research also shows that of the very small percentage of people who detransition approximately fifty percent retransition again. Another statistic that I think is significant is that forty percent of people who attend medical school regret this decision—yet, even with this high rate of regret we do not require aspiring doctors to go through counseling and psychological evaluations before incurring med-school debt.

18. At all points children are told that they are able to back off whenever they want to. They are free to decide that a course of treatment is not for them. In the nine years that I have been providing this care I have only had three kids that decided to stop hormones. All three are adamant, however, that starting hormones was the right decision for them at the time that they began that treatment. That was the treatment they needed at that time in their life and their parents agree.

19. Before starting any medical gender-affirming care we talk to teenagers and parents about what treatments will have a permanent effect and what treatments will not. They know that if they start taking testosterone, they will never stop growing facial hair, that if their voice gets deeper is not going to go back to what it was before. We discuss family planning, and they are encouraged to take steps to preserve their biological reproduction options just in case

they want a biological child in the future. Most fertility preservation is pursued by parents, where as children say they believe they would be content with adoption, or never becoming a parent.

20. The regret I do commonly see is that of parents who regret not believing their child when the child says this is who they are and therefore not supporting their children's desire to receive gender-affirming care sooner. They regret not being supportive and regret how this negatively impacted their relationship. It is not uncommon that when their son or daughter turns 18 years old and has access to gender-affirming care they decide they no longer want a relationship with their parents because they were not supportive and did not show up for them.

21. The Executive Order signed recently by President Trump that aims to restrict transgender care makes me fear for my patients' safety and wellbeing. As a mental health professional, I know that there will be children that will attempt suicide when they can't access gender-affirming care. More than 40% of transgender people attempt to kill themselves at least once. Up until a month ago I have not had a patient that committed suicide during my nine years in practice. Yet, this just happened after President Trump was elected, and an 17 year old trans girl-who was not suicidal previous to November 2024—felt demonized by the increased targeting of transgender people and she took her life rather than continue to live in a country where she was being told she should not exist.

22. I also fear for my own safety and wellbeing. People that hate the trans community have become more vocal and emboldened in their actions. We have installed extra security cameras in our offices and are nervous about the negative attention our practice will receive. There's also the fear of losing our licenses when the people publicly recognize we're supporting trans kids.

23. Being a therapist is an emotionally taxing job, and since the current president was elected, I have seen a notable decline in my staff and patient's mental health. All of this impacts my capacity to function effectively as a professional and as a person.

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I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 4th day of February 2025 at Vancouver, Washington.

MACKENZIE DUNHAM, LICSW, LCSW

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